

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90087 015 ***150.00

DOCUMENT # 812598

1. Corporation Name

PHOENIX HOME LIFE MUTUAL INSURANCE COMPANY

Principal Place of Business

ONE AMERICAN ROW
ATTN CORPORATE TAX DEPT
HARTFORD CT 06115

Mailing Address

ONE AMERICAN ROW
ATTN CORPORATE TAX DEPT
HARTFORD CT 06115

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1958

4. FEI Number

06-0493340

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional.
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00** May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** ☐ DELETE
NAME **YOUNG, DONA D**
STREET ADDRESS **89 WOODFORD HILLS DR**
CITY-ST-ZIP **AVON CT**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Executive Vice President ☒ Change ☐ Addition

TITLE **SVP** ☐ DELETE
NAME **FREDRICK, SAWYER W**
STREET ADDRESS **8 SACHEN DR**
CITY-ST-ZIP **GLASTONBURY CT 06033**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **EVP** ☐ DELETE
NAME **MCLOUGHLIN, PHILIP**
STREET ADDRESS **39 JOSHUA DR**
CITY-ST-ZIP **W SIMSBURY CT**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☒ DELETE
NAME **PAYDOS, CHARLES J**
STREET ADDRESS **140 BALBRAE DR**
CITY-ST-ZIP **BLOOMFIELD CT**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Director ☒ Change ☐ Addition
Booth Richard H
60 High Ridge Road
S. Glastonbury, Conn.

TITLE **EVP** ☐ DELETE
NAME **SEARFOSS, DAVID W**
STREET ADDRESS **3 STRATFORD RD**
CITY-ST-ZIP **FARMINGTON CT**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **PD** ☐ DELETE
NAME **FIONDELLA, ROBERT W**
STREET ADDRESS **29 SUMMERBERRY CIR**
CITY-ST-ZIP **BRISTOL CT**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David W. Searfoss
SIGNATURE AND TYPED NAME, PRINTED
DIRECTOR

2/4/99
Date

(860)403-5947
Daytime Phone #

CR2E034 (11/98)